7045456613

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	of Health Service Re	egulation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SUR	
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		A. BUILDING:		COMPLETE	D	
		HAL050109	B. WING		05/06/2	015
NAME OF P	ROVIDER OR SUPPLIER	STREET A	DDRESS, CITY, S	TATE, ZIP CODE		
	LE FLOWER ASSIST	CONTRACTORS	YWERS ROAD			
THELLI		01171102	TTE, NC 282	PROVIDER'S PLAN OF CORRECTION	on I	(XS)
(X4) ID PREFIX TAG	(RACH DEFICIENC)	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REPERENCED TO THE APPROI DEFICIENCY)	DBE C	DATE
C 000	Initial Comments		C 000			
	Report of Biennial Harrell and Ed Mil	Construction Survey by Dennis ler on 5-6-2015.	3	CONSTRUCTION SE	L. CLIOM	
	Records indicate the	his facility was first licensed or		11334 10 20		
	49 beds. Based on is required to meet Licensing of Adult Aged and Family Contions of the 200 of Seven or More I	sure on or about 8-16-1996, for the this information, the facility the 1996 Rules for the Care Homes (Homes for the Care Homes); the applicable of Rules for Adult Care Homes Beds; and the 1996 North Iding Code Section 409.1-	У	RECEIV		
C 101	Existing Licensed	Fac- No less than '71 Rules	C 101			
	10A NCAC 13F .00 PHYSICAL PLANT The physical plant care home shall be (2) Except where Ilcensed facilities of facilities shall mee requirements in ef change in service renovation, or alte the requirements no addition or reno than those require "Minimum and De Regulations" for "I copies of which at Health Service Re Raleigh, North Ca	PHYSICAL PLANT 301 APPLICATION OF I REQUIREMENTS I requirements for each adult e applied as follows: otherwise specified, existing or portions of existing licensed at licensure and code ffect at the time of construction or bed count, addition, rration; however in no case sha for any licensed facility where ovation has been made, be les ements found in the 1971 estred Standards and Homes for the Aged and Infirm re available at the Division of egulation, 701 Barbour Drive, prolina, 27603 at no cost;	alli ss			
	Based on observa	net as evidenced by: ation, corridor doors did not osed as required by Section				

livision of Health Service Regulation ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

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Division o	of Health Service Re	gulation (X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE	CONSTRUCTION	(X3) DATE SURVEY
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIENCEA IDENTIFICATION NUMBER:	A. BUILDING: 0		CÓMPLETED
		HAL060109	B. WING		05/06/2015
MARKE DE D	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, S'	TATE, ZIP CODE	
		STOULAND DESIL 8700 LAY	WERS ROAD		i
THE LITT	LE FLOWER ASSIST		TE, NC 282	PROVIDER'S PLAN OF CORRECTS	DN (X5)
(X4) ID PREFIX TAG	JEACH PREDICTENCY	TEMENT OF DEFICIENCIES  Y MUST BE PRECEDED BY FULL  SC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPRO	PRIATE DATE
	Carlinand From No.	and 1	C 101	The facility will ensure	that
C 101	latch cannot resist Findings include; The double doors i	r doors that do not positively the passage of smoke. from the corridor to the Dining ipped with latching hardware.		The facility will ensure of the facility will ensure to corridor doors with positional to the doctor of the doctor of the Dining room by	7/5/1/12,
C 168	SECTION .0300 - 10A NCAC 13F .05 FURNISHINGS (a) Adult care hom (5) be maintained orderly manner, fre hazards; (e) This Rule shall facilities.  This Rule is not re 1. Based on obse covers had been in painting. The roo unlocked potential exposed energize  2. Based on obse women's hathroo	in an uncluttered, clean and ee of all obstructions and apply to new and existing net as evidenced by: ervation, all the receptacle removed in room 26 for m was found unsupervised and all y allowing residents access to	C 166	The facility will ensure resident rooms are maintain an clutted, cleans orderely manner, free orderely manner, free or obstructions and hazar in Room Z6 was cleaned receptable covers rein on 5/7/15.  2) The toilet in the was station was securely to the floor on 5/7/16.	that intained and fail ds. d and 5/7/15 stalled
C 189	SECTION .0300 10A NCAC 13F .0 REQUIREMENT (a) The building	d/or fall hazards. ent Maintained Safe, Operating - PHYSICAL PLANT 0311 OTHER S and all fire safety, electrical, plumbing equipment in an adul be maintained in a safe and	C 189	The facility will enough all five safety, electronical, and plum mechanical, and plum ment in an adult car is maintained in a so operating condition.	ure that ical, bing equipe e home ife and

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Delous Brown, Executive Director, 6/23/2015

If continuation sheet 2 of 11

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Division of Health Service Regulation (X3) DATE SURVEY (X1) PROVIDER/SUPPLIER/CLIA (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES COMPLETED AND PLAN OF CORRECTION IDENTIFICATION NUMBER: A. BUILDING: 01 B. WING 05/06/2015 HAL060109 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 8700 LAYWERS ROAD THE LITTLE FLOWER ASSISTED LIVING RESIL CHARLOTTE, NC 28227 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETE SUMMARY STATEMENT OF DEFICIENCIES (X4) ID (EACH CORRECTIVE ACTION SHOULD BE (EACH DEFICIENCY MUST BE PRECEDED BY FULL PREFIX PREFIX CROSS-REFERENCED TO THE APPROPRIATE REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) Continued from page 2 C 189 Continued From page 2 a) Unsealed conduit sleeves C 189 (k) This Rule shall apply to new and existing (2) through the cailing of the facilities with the exception of Paragraph (e) Business office will be sealed which shall not apply to existing facilities. using Fire Barrier Scalant by 6/24/15. This Rule is not met as evidenced by: b) The hole by the exit light Based on observation the required one-hour in the comidor cailing near fire rated walls and/or ceilings were compromised room 30 will be sealed with joint compound by 6/24/15.
c) The unsealed conduct sleave 6/24/15
in the furnance room in the in several locations. Holes and penetrations that are not sealed with meterials approved for use in one-hour fire rated construction and inoperable or missing ceiling radiation dampers present the possibility that a fire that begins in one space can attic on the west side with be quickly spread to other areas of the facility. sealed with Fire Barrier Sealed by Findings include: a. Unsealed conduit sleeves (2) through the ceiling of the Business office, d) The hole in the ceiling in b. Hole by the exit light in the corridor ceiling near room 30, the turnance room in the attic Unsealed conduit sleeve in the furnace room on the west side will be souled in the attic on the west side. with joint compound by 6/24/15. d. Hole in ceiling in the furnace room in the attic e) The holes around the pipes 6/24/15 on the west side, over the range had suppression system in the Kitchen will be Holes around pipes over the range hood suppression system in the kitchen, Holes at wires through the ceiling in the med Sealed with joint compound by 6/24/15. g. Holes in the wall in the soiled utility off the f) The holes at the wires through the ceiling in the mad 6/24/15 laundry, h. Unsealed penetration at sprinkler line in attic furnace room on the west side, room will be sealed with Fire Large holes and gaps around the Hi-Lo. Barrier Sealant by 6/24/15. combustion air inlets in the attic furnace room on a) The holes in the wall in the east side, the soiled whility off the Holes in the gypsum compound and tape in the comers of the attic furnace room on the east side, loundry have been pointed up wisted joint compound. This k. Gypsum compound and tape falling off the walls of the attic furnace room on the east side, Hole at conduit in the wall of the attic furnace room on the east side,

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Telous Brown Exertive Dueton, 6/23/2015

If continuation sheet 3 of 11

Division	of Health Service Re	gulation				(X3) DATE SURVEY
STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA		- I	(X2) MULTIPLE CONSTRUCTION		COMPLETED	
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		^  ^	A. BUILDING; 01			
		HAL060109	9.	. WING		05/06/2015
	ROVIDER OR SUPPLIER	ST	REET ADDRE	ESS, CITY, ST	(ATE, ZIP CODE	
		87		ERS ROAD		
THE LITT	LE FLOWER ASSIST	HELLINING DECI		E, NC 2822		
	0.000000000000000	TEMENT OF DEFICIENCIES		ID	PROVIDER'S PLAN OF CORRECTK	ON (NS)
(X4) ID PREFIX TAG	(FACH DEFICIENCY	MUST BE PRECEDED BY FUL SCIDENTIFYING INFORMATIO	L N)	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROL DEFICIENCY)	PRIATE DATE
C 189	Continued From pa	ge 2		C 189	Continued From Page h) The unsealed pened at the sprinkler line attic furnance room o	2 (124)5
	(k) This Rule shall	apply to new and existing	ng		h) The unsealed pener	hornon (obriles)
	facilities with the ex	ception of Paragraph (e	9)		al the sprinkler line	-in the
	which shall not app	ly to existing facilities.			at me st	nthe
			Į.		attic terrana	Atiw L
			-			
	This Rule is not me	et as evidenced by: vation the required one-	hour	1	Five Barrier Seabout be	76/54/12.
	Based on obser	or ceilings were compr	omised		117 balasia the avi	sun 6/24/15
	in neveral locations	. Holes and penetration	s that		7) WE HOLES IN 1 21	the !
	are not sealed with	materials approved for	use in		i) The holes in the gyr compound and tape in	
	one-hour fire rated	construction and inoper	able or	- 1		or tours
	missing ceiling rad	iation dampers present	the i	1	11 - cast 51 as	, will the
	possibility that a fire	e that begins in one spa	ce can	- 1	retaped working joint o	proposed
	quickly spread to o	ther areas of the facility	.		by \$124/15	
	Findings include:	is alamina (2) through th			by 6/24/16.  1) The large holes an around the Hi-Lo com	d ages 6/24/15
	<ul> <li>Unsealed conductions</li> <li>ceiling of the Busin</li> </ul>	uit sleeves (2) through these office			i) The large holes an	
	b. Hole by the exit	light in the corridor ceili	ng		around the Hi-LO com	pusher.
	near room 30,	agram are			air inlets in the attic	turnance.
	c. Unsealed condu	uit sleeve in the furnace	room		11 - 25 64 5400	. M/M/ 100
	in the attic on the v	vest side,			the same that a	int com-
		n the furnace room in th	e attic		bound pd @ 154/12,	
	on the west side,	han areas the renge bon	.		borng od alestin	1 -1 6/24/15
	e. Holes around p	ipes over the range hoo	١		K) The gypsum compor	and council to land
	suppression system	rough the ceiling in the	med		pound by 6/24/15' K) The gypsum comport tape falling off the	Nalls
	room,	itodgir bio somilg in the			of the affic turnance	room
	g. Holes in the wa	II in the soiled utility off	the		on the east side will	be.
	laundry.		1		on the east side will retaped using joint co by 6/24/16.	ompound
	h. Unsealed pene	tration at sprinkler line i	n attic		retaped was my 3	,
	furnace room on the	ne west side,			pd 0154112.	CA Lander
	i. Large holes and	gaps around the Hi-Lo ets in the attic furnace ro	00 moo		1) The hole at the come	mut in 6/24/18
		sta iii) the athic furnace it	AUT UII		1) The hole at the cond the wall of the affict	urnance
	the east side,	sum compound and tag	e in the			
	corners of the attic	furnace room on the e	ast side,		be sealed using Fire sealont by 6/24)15.	An mier
	k. Gypsum compo	ound and tape falling off	the		be sealed using fire	barrior
	walls of the attic fu	rnace room on the east	side,		50alont by 6/24)15.	
	<ol> <li>Hole at conduit</li> </ol>	in the wall of the attic fu	rnace			
	room on the east s					

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Louis Voron, Exentine Xivetor 6/23/15

If continuation sheet 3 of 11

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Division o	f Health Service Re			E CONSTRUCTION	(X3) DATE SURVEY COMPLETED
TATEMENT	OF DEFICIENCIES OF CORRECTION	IDENTIFICATION NUMBER:	A. BUILDING:	: 01	
		HAL060109	B. WING		05/06/2015
			ORESS CITY.	STATE, ZIP CODE	
AME OF P	ROVIDER OR SUPPLIER		WERS ROA		
rue i m	LE FLOWER ASSIS	TED LIVING RESIL CHARLO	TTE, NC 28	227	000
INE LITT			ID	PROVIDER'S PLAN OF CORRECT	LD BE
(X4) ID PREFIX TAG		ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LBC IDENTIFYING INFORMATION)	PREFIX TAG	CROSS-REFERENCED TO THE APPRO DEFICIENCY)	3
		2	C 189	Continued From Pag m) The holes in the w the stairway to the furnance room on the	Dile of 6/24/15
C 189	Continued From p	age s		mitte holes in the	مالند المادمات
	m. Holes in the w	all of the stairway to the attic	1	is stairway to the	ancet
	The second second AM \$	ha east side.		the sime of	a data.
	n. Unsealed siee	ves (2) in the basement ceiling,		turnance in by souled u	sing
		of water heater room off the			
	basement,	the wall meets the ceiling in the		furnance room on the side will be sealed us side will be sealed us by soint compound by	(2) 6241P
	The second section is a second	o off the basement	1	The unsealed sie	بط الني
	g. Unsealed slee	ves (3) through the attic smoke		side will be just cailing the unsealed slee	3 2
	to a serious recently			in the	Three
	r. Residential fire	foam used to seal openings		sealed asing, be have to	1241151
	around the sprink	ther line and at flanges at ducts the smoke barrier wall.		Barrier Sealars on	ailing 6/24/15
	penetrating the a	oam is not approved for use in		Barrier Sealant by 0) The holes in the of of the water heater	2 1012
	I to the financi Occi	manoles.		of me wher heater	Loan
		Administration of the control of the		of the basement w	ill be (
	A Al In He	to affic formace room on the eac	at	off the basement we taped using joint about the basement where	compound
	side was proppe	d open with wood. Dampers the	_		
	are held open wi	th means other than a approved fuse link will not close		bu 6/24/15.	24 was 624/15
	in the same of the	vent of a tire.		retaped using or by 6/24/15.  P) The cracks where meets the ceiling in 4 heater room off the	(ACC 4-14)
	The state of the s	ARRUTEDED Was Illiasing or the		P) had a cailing in 4	he water
	Fability fitted to th	e celling complete the one hou		meets the confet the	basement
	protection in the	following locations.		reater room	no lovist
	<ul> <li>Closet off ro</li> </ul>	om 26,	-	will be retaped using	33"
	ii. Corridor nea	indn/		compound by le 291	(3) 6/24/16
	iii. Closet off lat iv. Laundry.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		will be retaped using compound by 6/24/1 compound by 6/24/1 compound by 6/24/1 compound through the attic so barrier wall will be with a Commercial T	ا العارف متوريق
				of the attic 5	moke,
	2. Based on ob	servation, the cross-corridor	. 1	through the ill be	~esected
		loors are equipped with latering		with a Commercial T	in Primer
	hardware. Whe	en the doors were closed by a fire alarm system both doors		with a Commercial	5.
	activation of the	losed. Cross-corridor doors tha	ıt	- I - T - T - T - T - T - T - T - T - T	7.5
	I do not cioso on	moletely and latter present the	l l	r) The Residential five used to seed opening the sprinkler line and of ducts peratroding	6 24 15
	- I mountibility that :	a tire that begins in one space o	an	1 to seal opening	S CAPOLINA SINI
	quickly spread	to the remainder of the facility.		Used minkler line and	Tox Trongs
				cot ducts peratrating	the other
	<ol><li>Based on o</li></ol>	bservation, the motorized smoker protecting the duct penetration	n	smoke barrier wall	will be sealed
	and fire damps	ic smoke barrier wall had failed		SMOTE CONTIN	
	through the att	is diligite parties in			of accommunity where A of 1

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Brown, Executive Director 6/23/2015

If continuation sheet 4 of 11

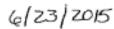
STATEMENT	of Health Service Re T OF DEFICIENCIES OF CORRECTION	QUÍSTION (X1) PROVIDER/SUPPLIER/CLIA (DENTIFICATION NUMBER:	(X2) MULTIPL A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED
AND POWER			B, WING		05/06/2015
		HAL060109			
WALE OF P	ROVIDER OR SUPPLIER			STATE, ZIP CODE	1
		8700 LA	YWERS ROA	D	
THE LITT	LE FLOWER ASSIS	TED LIVING RESIL CHARLE	OTTE, NC 28	PROVIDER'S PLAN OF CORRECT	TION (X5)
(X4) ID PREFIX	· · · · · · · · · · · · · · · · · · ·	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	PREFIX TAG	(EACH CORRECTIVE ACTION SHO CROSS-REFERENCED TO THE APPR DEFICIENCY)	ULD 66
TAG ]				Continued From Page	-3
0.400	Continued From p	age 3	C 189	r) using a Commercial Barrier Sealant by	Tive
C 189	Continued From b	and the estatement to the attic	1	r)using a Commercial	Louis.
	m. Holes in the w	all of the stairway to the attic	1	a sing Sealant by	6/24/13
	furnace room on t	ves (2) in the basement ceiling	. \	Dame	in the labor
	n. Unsealed siee	of water heater room off the		5) The fire dampers HVAC duct penetral	in the 813 15
	1		1		
	<ul> <li>Cracks where</li> </ul>	the wall meets the ceiling in th	e	HVAC duct formance r	no mod
	Line bender 1907	n off the basement.		the east side which	is propped.
	g. Unsealed slee	ves (3) through the attic smok	9	the east side will	ha corrected
	In marriage suppli			openwith wood will by 8/3/15 by an outs	it contractor
	r. Residential fire	foam used to seal openings	. 1	L. al3/15 by an outs	ide corrie
	around the sprink	ter line and at flanges at ducts		who specializes in t	ive satety
	penetrating the a	ttic smoke barrier wall. pam is not approved for use in	1	who specializes in a equipment and preven	dien.
	A Structure of Clearly	inancies.		equipment and proses +) The sprinkler esce	Acheon Links
	Institutional Occu	demons in the nyac qual	1	4) The sprinkler esce	Acheon 6/24/15
	A contribution of the file	A ARIA HIPPACE COOLII OIL 1119 -	est	which were missing	in the
	nide was proposit	d open with wood. Dampers t	hat	closed off room 26,	cernidor
	b-ld and 6 400	th means other plants	1	closet off room 26, closest	. It landy
	manufacturer's a	ipproved tuse link will not clos-	8	near room 16, Close	المامات المامات
	and the property of the same o	vent of a 1/00.		a d laundry will al	1 pe replagas
	i was a prinkler.	accutcheon was missing or in	ur	and laundry will all with new escutches	~plaks
	tightly fitted to th	e ceiling complete the one-ho	.	LAV. The Value	,
	protection in the	following locations;		by 6/24/15.	
	i. Closet off ro	om 20, - room 16 :		3	
	ii. Corridor nea	ando:	1		
	iii. Closet off lat	and y	1	2. The cross-comir barrier doors that	dorsmoke 6/5/15
			l	is adams that	· do not
	2. Based on ob	servation, the cross-corridor	_	close completely an	d batch
	amaka barrier d	oors are equipped with lawriii	g	Close completely an	1 de alles
	hambuara Whe	an the doors were closed by		1) 1 - No VPD (SAT) mg	41.
	- attachion of the	fire alarm system both doors	ot	for complete dose	we of the
	failed to latch of	osed. Cross-corrigo dobia w	lar	THE CONTRACT	ash-ash
	do not close co	mpletely and latch present the	can	cross-comider door	500 hart street
	i — — — with it it has threat a	a fire that begins in one above		fire alarm is activa	sted, elimina-
	quickly spread	to the remainder of the facility		tim the possibility	that a fire
	a Deceder of	bservation, the motorized smo	ke	ting the possibility could begin in one 3 spread to the remain tacility. Completed	pace and
	4 Eco dereino	r protecting the qual penellal	011	could begin remain	der of the
	through the att	ic amoke barrier wall had ralle	u	Spread to marked	ox 6/5/15.
	of Health Service Regul	ation		tading. complex	If continuation sheet, 4 of
	ot Health Service Kebri	360 61	+ MI T	100114y. Co17121	)
TATE	Dellou	K1ADronn every		mac con	
	/ 52-5	- '			

Division	of Health Service Re	gulation			
STATEMENT OF DEPICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		(X2) MULTIPLI A. BUILDING:	E CONSTRUCTION 01	(X3) DATE SURVEY COMPLETED	
		HAL060109	B. WING		05/06/2015
NAME OF P	ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE	
		8700 LAY	WERS ROAD		
THE LITT	LE FLOWER ASSIST	ED LIVING RESIL CHARLO	TE, NC 282	27	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SCIDENTIFYING INFORMATION)	PREFIX YAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROF DEFICIENCY)	D BE COMPLETE PRIATE DATE
C 189		-	C 189	Continue From Page of 3) The smoke dampers don't work as designed not prevent smoke gen from a fire on one sid	that 8/3/15
	Smoke dampers that	at do not work as designed		3) The smoke sampers	Jan Phi
	cannot prevent smo	oke generated from a fire on		don't work as designed	3 000
1		oke barrier wall from traveling in the other side of the wall.		not prevent smoke ger	erated
	to the sale zone of	in the other side of the wan.		Canadia mone sid	e of
	4. Based on observ	vation, the corridor door to the			
	Business office was	held open by a mechanical		traveling to the "safe	700"
	"kick-down" and pre	evented from closing quickly		traveling to the same	
	and latching to resis	st the passage of fire and cors that do not close			
		h present the possibility that a		will be corrected by 8	1 <b>3</b> /15
	fire that begins in o	ne space can quickly spread		Will pe confector od	V
	to the corridor and t	the remainder of the facility.	{	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	701
				Instruction specializes in Tire	, savery
	<ol><li>Based on observer.</li></ol>	vation, one of the fire rated om the furnace room on the		agrifment and prevention	m.
		latch. A fire door that does		apartinas in its in	July 5/11/15
	not latch could allow	v a fire in the furnace room to		4) The compor door	- lal but
		attic and other areas of the		Business office being 1	ald by
1	facility.			equipment and preventing 4) The corridor door to Business office being he a mechanical "Kick-do	w
	6 Bdahaaa	unline the kitchen done was		has been replaced with retic door stop on 5/11	a mag-
	or evented from leto	vation, the kitchen door was thing as required to be		whice door stop on 5/11	115,
	resistant to the pas	sage of smoke. An improperly		This allows for quick of	Joseve
	tatching kitchen doo	or could allow smoke from a		and latching to resist	the
		travel quickly to the dining		and latching to last	- Va .
		nainder of the facility.		Passage of five and si	i lade
]	Findings include;	dware had been removed		-1 - L the tive vai	Rd 6/26/10
	from the kitchen do			doors to the affic from	m the
		had been removed from the		furnance room on the	east
	kitchen door frame.			Junance 106m of	Lot-
	<ul> <li>The kitchen doo</li> </ul>	r was tied open.		side which didn't la	12/15
	7 Dasadas shass	vertice, the exterior dever vents	ĺ	will be corrected by 6	126/13.
		vation, the exterior dryer vents ed with lint. Clogged dryer	1	The shorts plate on the	goor
		erheating and a fire.		back to be readingled or	nd it
				needed, the door hinge	s will
	<ol> <li>Based on Obsermaintained in a safe</li> </ol>	rvation, the building was not e manner by not properly		be tightened.	

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Division	of Health Service Re	egulation			
	IT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPI A. BUILDING	LE CONSTRUCTION : 01	(X3) DATE SURVEY COMPLETED
		HAL060109	B. WING		05/06/2015
NAME OF	PROVIDER OR SUPPLIER	STREE	ETADORESS, CITY,	STATE, ZIP CODE	
THELIT	TLE FLOWER ASSIST	ED LIVING RESII	LAYWERS ROA		
		CHAI	RLOTTE, NC 28		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTIVE (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROVIDENCY)	D BE COMPLETE
C 189	Continued From pa	ge 4	C 189	Continue From Page 4	1
	Smoke dampers the cannot prevent smoone side of the smoot to the "safe zone" of the smoot of the "safe zone" of the "safe zone" of the "safe zone" of the "safe zone" of the smoke. Corridor do completely and late fire that begins in of the corridor and the could allow travel quickly to the facility.  6. Based on observer of the smooth of the kitchen door frame, and to the remarked from the kitchen door frame, and the kitchen door frame	at do not work as designed oke generated from a fire of oke barrier wall from travelition the other side of the wall vation, the corridor door to sheld open by a mechanical evented from closing quickly stitle passage of fire and cors that do not close high present the possibility that is space can quickly spread the remainder of the facility vation, one of the fire rated om the furnace room on the latch. A fire door that does wat fire in the furnace room attic and other areas of the sage of smoke. An improper could allow smoke from a travel quickly to the dining mainder of the facility.  I dware had been removed or, had been removed from the rwas tied open, wation, the exterior dryer weed with lint. Clogged dryer wation, the exterior dryer weed with lint. Clogged dryer wation, the exterior dryer weed with lint. Clogged dryer wation, the exterior dryer weed with lint. Clogged dryer	n ng the ail y at a and to be serily a	(b) The Kitchen door has fixed to allow for latch required to be resistant passage of smote.  a) The latching hardw was bidded back on 61 to the Kitchen door.  b) The latch strike v added back to the do frame on 6/8/15.  c) The tie on the first door was removed on T) The exterior dryer were changed to oval vents on 6/18/15 elimin the possibility of close which can cause over	ing as to the lare 6/8/15 8/15 6/8/15 cor 6/8/15 6/8/15 verts 6/18/15 exterior 6/18/15
	8. Based on Obser	vation, the building was no manner by not properly	t	See went page (6)	
vision of H	aalth Service Regulation			1	
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STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		(X2) MULTIPLE CONSTRUCTION  A. BUILDING: 01		(X3) DATE SURVEY COMPLETED	
	HAL060109	a. WING		05/06/2015	
ROVIDER OR SUPPLIER	STREET AD	DRESS, CITY, 8	STATE, ZIP CODE		
LE FLOWER ASSIST	ED LIVING RESII				
(EACH DEFICIENCY	MUST BE PRECEDED BY FULL	PREFIX TAG	(EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	D BE COMPLETE	
Continued From pa	ge 5	C 189	Continue From Page 5		
could affect all resident cylinders fall, break cylinder and turning Findings include: Several portable mestored in an unappearance of the control panels where the cylinder cylinder parts.  Findings include:	dents, staff and visitors if ing their valves, propelling the it into a dangerous projectile. edical oxygen cylinders were roved milk crate in room 24. vation, there were openings in here circuit breakers had been is in electrical panels expose its to energized electrical		B) The portable medical cylinders stored in an and admilk crafe in room was replaced with the exygen cylinder rack of a) A cover will be added fill in the blank of the cal panel in the kitcher	proper on 5/12/15. d to 6/26/15 eductri-	
<ul> <li>b. A blank cover w panel in the basem</li> <li>10. Based on obseline extended into the drain lines that are inches above the fire</li> </ul>	as missing in the electrical ent. ervation, the ice machine drain he floor drain. Ice machine not maintained at least 2 oor or floor drain, as required		panel in the Dasement 1 10) The drain line for to machine will be raised least 2 inches above to by 6126115 to help elim	te ice 6/26/15	
SECTION .0300 - F 10A NCAC 13F .03 REQUIREMENTS (4) Ovens, ranges resident activity or used except under degree of staff sup- facility's assessment resident. The open	PHYSICAL PLANT and cock tops located in recreational areas shall not be facility staff supervision. The ervision shall be based on the nt of the capabilities of each ation of the equipment shall	C 193	Containination.  The facility will ensure ovens, ranges and cook located in resident actions are	e that tops vilgor	
	ROVIDER OR SUPPLIER TLE FLOWER ASSIST  SUMMARY STA (EACH DEFICIENCY REGULATORY OR L  Continued From pa handling portable mould affect all residency cylinders fall, break cylinders fall, break cylinder and turning Findings include: Several portable mountains Findings include: Several portable mountains Findings include: Several portable mountains Findings include: A blank cover we panel in the kitcher b. A blank cover we panel in the basem  10. Based on obseline extended into the drain lines that are inches above the fiby Code, could caucontaminated.  Ovens, Ranges in A SECTION .0300 - 6 10A NCAC 13F .03 REQUIREMENTS (4) Ovens, ranges resident activity or used except under degree of staff supfacility's assessment resident. The oper have a locking feat	PROVIDER OR SUPPLIER  PROVIDER OR SUPPLIER  TLE FLOWER ASSISTED LIVING RESIT  SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY PULL REGULATORY OR LSC IDENTIFYING INFORMATION)  Continued From page 5  handling portable medical oxygen cylinders. This could affect all residents, staff and visitors if cylinders fall, breaking their valves, propelling the cylinder and turning it into a dangerous projectile. Findings include: Several portable medical oxygen cylinders were stored in an unapproved milk crate in room 24.  9. Based on observation, there were openings in electrical panels where circuit breakers had been removed. Openings in electrical panels expose staff and/or residents to energized electrical parts. Findings include:  a. A blank cover was missing in the electrical panel in the kitchen, b. A blank cover was missing in the electrical panel in the basement.  10. Based on observation, the ice machine drain line extended into the floor drain. Ice machine drain lines that are not maintained at least 2 inches above the floor or floor drain, as required by Code, could cause the ice to become contaminated.  Ovens, Ranges in Activity or Res. Rooms  SECTION .0300 - PHYSICAL PLANT 10A NCAC 13F. 0311 OTHER  REQUIREMENTS  (4) Ovens, ranges and cook tops located in resident activity or recreational areas shall not be used except under facility staff supervision. The degree of staff supervision shall be based on the facility's assessment of the capabilities of each resident. The operation of the equipment shall have a locking feature provided, that shall be	TOF CORRECTION  (X1) PROVIDERSUPPLIER (X2) MULTIPL A. BUILDING:  HALOBO109  STREET ADDRESS, CITY, STREET, ADDRESS, CITY, STREET, ADDRESS, CITY, STREET, ADDRESS, CITY, STREET, ADDRESS, CITY, STREET ADDRESS, CITY, STREET, ADDRESS, CITY, STREE	TO FOR FICHENDIES OF CORRECTION NUMBER: HALOGOTOS INTERPRETATION N	

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	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING; 01		COMPLETED
		HAL,060109	B. WING		05/06/2015
NAME OF	PROVIDER OR SUPPLIER	STREETAD	DRESS, CITY,	STATE, ZIP CODE	
THETT	TLE FLOWER ASSIST	ED LIVING RESU 8700 LAY	WERS ROA	D	1
THE LU	TEE PEOWER ASSIST	CHARLOT	TE, NC 282	227	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	FEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL BC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE
C 193	Continued From page	ge 6	C 193	Continued From Pag	e 6
	resident rooms shall provided, controlled equipment by reside by the facility to be it equipment in a safe (k). This Rule shall a facilities with the extended shall not apply. This Rule is not me Based on observation provided at the range a circuit breaker with to lock the range in the shall provided in the range in	apply to new and existing ception of Paragraph (e) y to existing facilities.		5) A lock was added of to the circuit breaker the electrical disconvis provided at the rain the activity room. Staff has access to key which opens the	~ 6/11/15 6/11/15 where act act Only the
C 199	provided with exhau- two cubic feet per m requirement does no before April 1, 1984, these specified space (1) soiled linen stora (2) soil utility room; (3) bathrooms and to (4) housekeeping cl (5) laundry area. (k) This Rule shall a	of in this Paragraph shall be st ventilation at the rate of inute per square foot. This it apply to facilities licensed with natural ventilation in ses: age; collet rooms; cosets; and apply to new and existing seption of Paragraph (e) to existing facilities.		The facility will ens that required exhau ventilation is in worki condition to alminate healthy build up of m and possibly baterica.	rg_

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STATEME	NT OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION  A. BUILDING: 91		(X3) DATE SURVEY COMPLETED
		HAL060109	B. WING		05/06/2015
NAME OF	PROVIDER OR SUPPLIER	STREET AD	DRESS, CITY,	STATE, ZIP GODE	
THE LIT	TLE FLOWER ASSIST	ED LIVING RESII	WERS ROA		
(X4) ID PREFIX		TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL	ID PREFIX	PROVIDER'S PLAN OF CORRECTION SHOULD	
TAG		SC IDENTIFYING INFORMATION)	TAG	CROSS-REFERENCED TO THE APPROP DEFICIENCY)	W. 4 World
C 199	maintain required e Non-functioning ext unhealthy build-up of bacteria, Findings Include; a. The exhaust sys bath off room 21. b. The exhaust sys bath off room 24. c. The exhaust sys laundry, d. The exhaust sys central bathroom or	on the facility failed to  whaust in a working condition.  haust could cause an  of moisture and possibly  tem was not working in the  tem was not working at the  tem was not working at the	C 199	Continued from Page Findings in "a" through were corrected on 6 3 fan motors on the roof were not operable had to be replaced win motors and belts. The corrected the issue we the exhaust system	Shie " 6/6/15 16/15. building Land the read
	5. The requirement rooms are: e. The bathrooms a designed to provide toilet rooms with two (commodes) shall hourtains for each was shower shall have possed on observation provided at the tub to the room also has a to provide curtains of	nment (10 NCAC 42D .1503) is for bathrooms and toilet and toilet rooms must be privacy. Bathrooms and o or more water closets ave privacy partitions or iter closet. Each tub or rivacy partitions or curtains.		The facility will en that bothrooms and rooms will provide primate more water that two or more water closets (commodes) who each water closet, tab or shower shall he privacy partitions or a privacy partitions or a hardware to install it was received on 6/16/15. Hardware to install it was received on 6/16/15.	vacy:  rooms  rill have  rach  rach  watains  Each  watains  ecossary 7/2/15  dware  shower

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STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01

(X3) DATE SURVEY COMPLETED

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05/06/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## 8700 LAYWERS ROAD

THE LIT	THE LITTLE FLOWER ASSISTED LIVING RESII 6700 LAYWERS ROAD CHARLOTTE, NC 28227				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X5)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE  DEFICIENCY)		
	Continued From page 8	C 124	Continued From Page 8		
C 124	Continued From page 8 Bathrooms-Hand Grips  IV. The Building C. Physical Environment (10 NCAC 42D .1503) 5. The requirements for bathrooms and toilet rooms are: f. Hand grips must be installed at all commodes, tubs and showers used by or accessible to residents.  This Rule is not met as evidenced by: Based on observation, the hand grip provided was loosely mounted to the wall at the toilet in the central bath on the west side. Loose hand grips could cause a resident to fall.  Exit Door Locks-Single Hand Motion  IV. The Building C. Physical Environment (10 NCAC 42D .1503) 8. The requirements for outside entrances and exits are: c. All exit doors locks must be easily operable, by a single hand motion, from the inside at all times without keys. (This limits each door, to one locking device which meets the criteria set forth in this standard.)  This Rule is not met as evidenced by: Based on observation, several exit doors require 2 hand motions to operate. Findings include: a. The required exit from the dining room is equipped with a door knob lock and a dead bolt.	C 124	The facility will ensure that hard grips are installed at all commodes, tubs and showers used by or accessible to residents.  The hand grip installed and 5/13/15 mounted to the wall at the toilet in the central bath on the west side was tightened on 5/13/15.  The facility will ensure that all exit door locks are easily operable by a single hard motion, from the inside at all times without keys.  a) The required exit from the dining room door—dead both was removed on 5/17/15.  b) The front door exit was repaired on 5/17/15 which now allows a single hard motion from the inside.		
	b. The front door exit requires 2 hand motions to open.     c. The exit at room 8 requires 2 hand motions to open.		c) The exit at room 8 will 6/26/15 be corrected by 6/26/15 allowing for a single hand motion to open.		
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Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION

(X1) PROVIDER/SUPPLIER/CUA IDENTIFICATION NUMBER:

(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01

(X3) DATE SURVEY COMPLETED

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B. WING ....

05/06/2015

NAME OF PROVIDER OR SUPPLIER

STREET ADDRESS, CITY, STATE, ZIP CODE

## 8700 LAYWERS ROAD

THE LITTLE FLOWER ASSISTED LIVING RESIL 8700 LAYWERS ROAD							
THE CIT	CHARLOTTE, NC 28227						
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (X6)  (EACH CORRECTIVE ACTION SHOULD BE COMPLETE CROSS-REFERENCED TO THE APPROPRIATE DATE DEFICIENCY)				
C 157	Continued From page 9	C 157	Continued From Page 9				
C 157	Outside Premises-Clean, Safe  IV. The Building C. Physical Environment (10 NCAC 42D .1503) 13. The requirements for outside premises are: a. The outside grounds must be maintained in a clean and safe condition.  This Rule is not met as evidenced by: Based on observation, there was a small trench, approximately 5 inches deep on both sides of the sidewalk at the rear left side of the building. A trench adjacent to the sidewalk presents a fall hazard.		The facility will ensure the outside grounds will be maintained in a clean and Safe condition.  The small-trench, approximate-6/26/15 by Sinches deep on both sides of the sidewalk at the rear of the building will be filled in with dirt by 6/26/15 to				
	Fire Extinguishers  IV. The Building E. Fire Safety Requirements (10 NCAC 42D .1601 through .1604) 3. Fire extinguishers: a. At least one 5 pound or larger (net charge) "ABC" type fire extinguisher is required for each 2,500 square feet of floor area or fraction thereof. b. One 5 pound or larger (net charge) "ABC" or CO2 type is required in the kitchen and, where applicable, in the maintenance shop.  This Rule is not met as evidenced by: Based on observation, the fire extinguisher provided in the attic furnace room on the west side needs recharging. Improperly charged fire extinguishers may not work when needed.	C 173	The facility will ensure that all Five Extinguishers at charged at the proper level.  The five extinguisher provided in the affic furnance room on the west side was recharged on 5/15/15 by our Five Safety contractor.				
.	Fire Safety-Evacuation Plan Posted  IV. The Building E. Fire Safety Requirements (10 NCAC 42D .1601 through .1604)	C 175	our tire satery contractor.				
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Division of Health Service Regulation

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AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	A. BUILDING	LE CONSTRUCTION I: 01	(X3) DATE SURVEY COMPLETED	
		HAL060109	B. WING		05/06/2015	
NAME OF	NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE					
THE LITTLE ELOWED ASSISTED LINING PERM. 8700 LAYWERS ROAD						
THE LITTLE FLOWER ASSISTED LIVING RESIL CHARLOTTE, NC 28227						
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	D BE COMPLETE	
C 175	6. A written fire/disadiagrammed drawin the local fire departr large print and poste each floor. This pla resident on admission orientation for all ne.  This Rule is not me Based on observation provided on the Eas relation to the buildire evacuation plans commergency.	aster plan (including a g) which has the approval of ment must be prepared in ed in a central location on n must be reviewed with each on and must be a part of the w staff.	C 175	Continued From Page In The facility will ensure that a written five displan (including a diagonal drawing) which he approval of the local forment is prepared a central location on floor. This plan will be reviewed with each of the orientation for new staff.  The evacuation plan posted in relation to building on GIAIIS. Powas moved to the opposite of the ball way with each of the ball way.	provided 6/19/15 s correctly the lan posite	
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